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A COURSE OF CLINICAL LECTURES,

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BY A. F. CHOMEL, M. D.

LECTURE IX.

RESUMÉ OF THE ANNUAL CLINIC.

(Continued.)

Typhoid Fever—Pneumonia—Pleurisy.

Independently of the forms of typhoid fever which we considered in our last lecture, it sometimes occurs in a simple form, without marked predominance of any of the order of symptoms of which we have spoken, without any complication, and without the train of grave accidents which so often accompany the other varieties. This form is the most benign, and most happily the most frequent; for out of one hundred cases it occurred sixty-six times. In the simple or common variety hygienic means have a peculiar efficacy, and really constitute the foundation of the treatment, for our therapeutic measures are almost limited to acidulated drinks, to enemata, and to cataplasms upon the abdomen. Our treatment is in fact nearly expectant. It sometimes happens, however, that at the commencement there are signs of plethora, without any marked inflammatory symptoms. A bleeding or two in such cases may be of advantage. Evacuants can be employed with equal advantage, to modify the progress of the disease, and after having obeyed these indications, you continue to the termination of the disease, the use of demulcent drinks, and hygienic measures, unless other indications should occur from the appearance of other symptoms. Thus, we may have cephalalgia, which it may be necessary to treat by the application of a few leeches behind the ears, and cold compresses to the head. Epistaxis, in general, does not demand any treatment; there are, however, some cases where it is necessary to arrest the flow of blood, which is too abundant, and thus prevent a debility, which might prove fatal. For this purpose you would have recourse to cold acidulated drinks, and cold compresses on the forehead; and should it be rebellious you would resort to the tampon, and plug up the nasal fossa.

The condition of the abdomen claims your particular attention. Formerly practitioners administered purgatives in spite of diarrhœa; now-a-days they are much more reserved on this point. It is generally thought now, that it is not prudent to purge when the intestines are the seat of active irritation from an abundant diarrhœa, from the fear of augmenting the irritation. In this respect it is necessary to proceed with great caution, before deciding. It does not suffice, because some physicians believe that they have discovered its utility; a series of experiments, on a much greater scale, is necessary to determine the degree of this utility. Thus Dr. Louis, who has experimented with this treatment, has obtained some happy results; but these results are so few that they are not sufficient, to my eyes, to warrant any favourable conclusion. At the time Dr. Louis made his experiments, I also tried the same treatment, and chose, for this purpose, four patients, who were subjected to the use of purgatives. Of these four patients three died. This result was so discouraging that I discontinued the experiment. I do not wish to form any conclusion from this small number of facts, but I think that they should at least suggest prudence. When, then, diarrhœa to any degree exists, I do not think the administration of purgatives advisable, for they seem to me, in these cases, opposed to all the principles of sound therapeutics, and I prefer abstaining from them. In such cases I resort to opium, as recommended by Dr. Louis.

Lately a very distinguished physician has recommended the sulphate of quinine, as very efficacious in the treatment of typhoid fever. I have not experimented with this medicine, because after the most generally received ideas in therapeutics, and after the known action of this agent, it seems to me difficult to conceive of its utility in this disease. This medicine has two actions. the one anti-periodic, the other tonic. The first is all-efficacious in periodic maladies, which is not the type of typhoid fever, which is evidently continued. Sometimes, however, you observe in the course of this fever, chills with a sort of exacerbation of the general symptoms; in these cases the sulphate of quinine may be of some utility; but this paroxysmal form is purely accidental, and happens too rarely to make it the indication of a general medication. We reserve, then, this agent for special and exceptional cases, which present this remitting form. As to the second mode of action of the sulphate of quinine—its tonic property—I have already pointed out in what cases it can be useful, and it is for this reason that we should be careful how we employ it in ordinary cases, where it can be much more injurious than useful, especially when there are inflammatory symptoms.

When there is delirium, or a comatose state, I have already indicated what was to be done—local bleedings, if there are signs of cerebral congestion, baths, purgatives, revulsives to the inferior extremities, &c.,—such are the general means employed in similar circumstances. Should intestinal hæmorrhage occur, what is to be done? This is a serious accident which it is necessary to combat promptly, for it can only serve to prostrate still more the organism already enfeebled. Cold enemeta should be employed. When the hæmorrhage is from the superior part of the intestine this method will not succeed, and we must have recourse to astringents, as sulphuric lemonade, rhatany, catechu, &c. Finally, intestinal perforation may occur as a consequence of the fall of the eschars of the intestines. Formerly this malady was considered as necessarily mortal; death is in fact the most common result; it sometimes happens, however, that patient's recover. So soon as you can diagnosticate intestinal perforation, the patient must be subjected to entire rest, stop all drinks, and in their place merely keep the mouth of

the patient moist with juice of orange. By this means you may hope to prevent all motion in the intestines, and by it the effusion of new matter into the peritoneal cavity. To this you will add large doses of opium, with the double object of blunting the intestinal irritation, and producing a kind of narcotism, proper to procure a favourable calm.

I shall consider under the same head, inflammations of the lung and those of the pleura, as we more frequently meet with pleuro-pneumonias, than pure and simple pneumonias. Afterwards I shall notice those cases of simple pleurisy that exist independently of any alteration of the pulmonary parenchyma.

We have had, in the course of the year, eighty-one cases of pleuro-pneumonia. Of these forty-nine were during the summer semestre, and thirty-two during the winter one. In this number we have taken into account only primitive pneumonias, considered as the principal affection, reserving for the period when we treat of other diseases, those cases of pneumonia which were developed consecutively to other affections already existing—as diseases of the heart, stomach, brain, &c. Out of the eighty-one cases we had twelve deaths, that is a little more than one in nine. Thus the mortality has been, as you see, very slight, and much less than it was the preceding years. There was some difference in the mortality during the winter and summer months, being about one in eight in winter, and one in six in summer. This fact agrees with the observation that we have made for some years past, and above all with the results of the last eleven years, which I shall present to you presently. In fact, pneumonias are more frequent in summer, and particularly in the spring, periods, too, at which they present a very considerable degree of gravity. On taking the general mean of the eleven years of which we have kept an exact account, we find precisely the same proportion in the mortality.

Considered relatively to the sexes, the mortality presents also different proportions—being one in eight for men, and one in six for women. This fact is the more remarkable inasmuch as the disease is more common among men than women, and we have had a much larger number of cases in the men's wards than in the women's, although the number of beds in the latter is much more considerable than in the former.

This relative frequency of pneumonia among males is generally explained on the ground of their greater active vitality, and to the nature of the labors to which they are habitually exposed, being much more rude than those of the other sex. You can, to a certain degree, explain also the less degree of mortality among the men, to the greater vigour of their constitutions, and their greater aptitude to resist the progress of inflammation. This difference is still more striking with regard to age. In eleven years we have had sixty-seven cases of pneumonia, in individuals aged from fifteen to twenty years, (at the Hôtel-Dieu no patients are received under 15,) out of this number we have not had one case of death; all recovered, notwithstanding the severity of the disease in many cases. We lately had in our wards a young man, who had pneumonia, followed by parotiditis with gangrene and paralysis of the facial nerve. In spite of these very grave complications he was discharged cured. In proportion as patients are advanced in life, inflammation of the lungs becomes more and more grave, and more frequently mortal. Thus in subjects from twenty to forty years of age, the mortality this year was one in ten. Out of forty-five cases which we had at this period of life we lost three. From forty to sixty years we had twenty-two cases of pneumonia and four deaths, a little less than one in five. In the eleven preceding years the mortality was for this period one in five. Finally, beyond sixty years of age we have had seven cases and five deaths, that is to say more than two-thirds, which constitutes a frightful proportion, and one much greater than the mean of the previous eleven years, where it was little more than one-half.

From these statistics it results that when you have a pneumouia in a subject aged from fifteen to thirty, the prognosis should be favourable; at least, the chances are strongly in favour of recovery. But in proportion as you approach sixty years, and above all when you go beyond that age, you have always to dread a fatal termination.

Pneumonia presents also a great deal of interest in relation to the duplicity of the organ it affects. This year we have had three cases of double pneumonia, and of this number two died. In the preceding years, where we have kept any account, there was a mortality of one half, a little less consequently than that of the current year.

The results of this disease vary also, in respect to the seat of the disease, whether in the right or left lung, and whether at the summit or base of the lung; it results from our observations, that the mortality is greater for pneumonia of the right lung, and for that of the summit. Thus in the cases of the eleven preceding years the mortality was one in six for pneumonias of the right side, and one in eleven only for pneumonias of the left side. This year it was one in six for the right side, and one in fifteen for the left side, a still greater difference in favour of these last than in the preceding years. The cause of this difference is difficult enough to determine. You may perhaps say that pneumonia, being more grave in proportion as it occupies a greater surface, that of the right side will be more grave, on account of the greater volume of the right lung. This is but an hypothesis, but an hypothesis which is perhaps not without foundation.

As regards the seat of pneumonia, we have had six cases of pneumonia of the summit, seventy-three cases of pneumonia of the base, and two cases where the seat of the disease was the middle portion of the lung.

It is well known that pneumonias of the summit are more serious than those of the base. What is the cause of this? Is it because they are often connected with the existence of tubercles in this portion of the lung! This is possible. This coincidence in fact is sometimes presented, but very frequently you can discover no trace of tubercles in the summit of the lung, which is the seat oi the phlegmasia; so that the true cause which makes pneumonias of the summit more fatal than those of the base, remains yet to be discovered.

Pneumonia is interesting in connection with prognosis, as it is a first or second attack, single or double, simple or complicated. I have had occasion very often to state to you this general fact—that a phlegmasia is less intense as it is repeated, and reproduced often in the same organ, to the extent that these phlegmasias are sometimes resolved at the end of several days, when they have been reproduced several times. This is a principle of pathology, which is the result of repeated observation upon a great number of cases. Thus how often have we seen erysipelases of the face, for example, so grave and alarming, when they are developed for the first time

lose their intensity, and become very easy to cure when they have occurred several times in the same individual. It is the same with pneumonia. This principle has not been falsified by the facts which we have observed this year. Thus in twenty-five pneumonias, not first attacks, there were only three deaths, whilst the mortality was proportionately much greater in cases of primitive pneumonia. These observations should be followed up by others, and I am convinced that they will arrive at results still more satisfactory.

We have studied the symptoms of interest which pneumonia presents, whether in diagnosis or prognosis. Thus we have noted the sputa, and its appearance. In five cases this year we had the characteristic rust-coloured sputa; in seventeen cases it was colourless, and in other cases it was wanting altogether, although there was no doubt of the existence of the disease. The mortality was greatest in those cases where the sputa was sanguinolent. The frequency of the pulse afforded us very important results for prognosis. Thus in forty-three patients suffering from pneumonia, we had a pulse varying from 80 to 112, and in this number the mortality was one in thirteen. On the contrary, in sixteen cases, where the pulse gave a minimum of 120 pulsations, the mortality was one in three. Hence, whenever we encounter, in a pneumonia patient, a pulse beyond 120 beats we can give an unfavourable prognosis with great certainty. The importance of these statistics, in regard to practice, you will readily comprehend.

REMARKS ON THE INFLUENZA.

BY DAVID H. TUCKER, M. D.

Physician to the Philadelphia Dispensary.

In presenting the following remarks on the subject of the influenza, which is prevailing at present in this city, I beg leave to disclaim any aim at originality, for with the few cases that have come under my care, it would be impossible to draw any just conclusions, either as to the nature of the disease or its treatment. My only aim is, briefly to collect under one head, what has been said on this subject since its first appearance.

The first accounts of the grippe, on which any reliance can be placed, will be found in the year 1580. It then traversed Europe, Asia, and Africa, and the account given of it will be found to correspond very nearly with the opinions of the present day.

Salius Diversus, says, "Almost all were seized with it, no age, sex, or condition was spared—it passed rapidly from one locality to another, commencing in the Winter and continuing during the Spring, Summer, and Autumn, without any regard to the state of the weather, or the geographical character of the country." The same account is given of this epidemic by others. Since this period it has visited Europe, &c. repeatedly, but especially in 1733, in 1743, in 1775, in 1782, in 1830, in 1833, &c. Although the history of the epidemic at these different periods is less accurate than we could have wished, yet it is sufficiently so to convince us that the disease we now have in the United States, is similar to the epidemic described as early as 1580. To avoid being tedious, we shall content ourselves with the above statement and pass to matters of more importance.

Pathology.—Authors have differed considerably as to the nature of this disease. We extract briefly from a discussion before the Royal Academy of Medicine, the opinions of several distinguished Pathologists. M. Recamier says, "The grippe of 1837 is not a bronchitis, but a catarrh analogous to eruptive diseases—there is fever, headache, and often an eruption on the skin, redness of the eyes, sore throat, sneezing, cough, &c.," and he adds, "that these symptoms are not only more severe but more difficult of cure than those of an ordinary catarrh." M. Piorry says that the symptoms resemble at first those of eruptive fevers, but soon local symptoms arise, such as congestion of the nares, of the larynx and of the great bronchial tubes; the lungs are not yet affected, the sound being clear and the respiration pure; as the disease advances the smaller bronchia and the lungs become affected, as is indicated by the different sounds. M. Lepelletier considers it "a catarrh with spasm." M. Delorme insists that it should not be classed under the same head as bronchitis or pulmonary catarrh, and for the following reasons: "Bronchitis is under the influence of certain climates, seasons, and localities, and prevails principally in those seasons remarkable for sudden variations in temperature—it attacks those persons predisposed to it, either by old age or infancy, or by a feeble constitution. The grippe, on the contrary, attacks indiscriminately every one; it rages in all climates, in all seasons, and in localities the most different, but always marked by the same characters." Besides, there is considerable difference in the physical signs of the two diseases. And there is in bronchitis, (unless of very long standing,) an absence of that great debility which always accompanies the grippe from its commencement to its termination, and indeed, often continues for some time after the local symptoms have disappeared. The duration of the two diseases differ greatly, for while bronchitis has no definite length and yields to a certain course of treatment, the grippe rarely lasts more than four or five days, and treatment has very little effect in arresting its progress. Dr. Hufeland considers the grippe "a catarrhal fever, accompanied with, and followed by extraordinary depression of the nervous energy, for several weeks after the pyrexia has ceased."

A correspondent of the Med. Chirurg. Rev. states that he, and other physicians, had remarked that, for some time previous to the appearance of the epidemic, there had been a tendency in most febrile complaints to a nervous or adynamic type, and this is in accordance with the history of other epidemics. Dr. Blackiston, of Birmingham, considers the influenza an affection of the nervous system, with its concomitant derangement in the organs of digestion, circulation, &c., commonly known under the name of nervous fever, and accompanied throughout its whole course by irritation of the pulmonary mucous membrane. Dr. Johnson, of the Med. Chir. Rev. says that the disease is always marked by depression and derangement of the nervous system, rather than by inflammatory symptoms of the respiratory apparatus. In one respect, we think, it bears a strong analogy to typhoid fever—in this fever, the glands of Peyer, &c., are constantly affected to a certain extent, at times amounting to ulceration—but no one supposes that the affection of these glands, alone produces the great debility and constitutional disturbance which are always present in this disease; there must be some hidden cause which we cannot discover. So with the grippe, the congestion of the mucous membrane of the air passages will not account for the great nervous prostration. Besides, if this congestion were the only disease, why does it not yield to the ordinary antiphlogistic treatment, as most simple

congestions or inflammations do? It may be defined a disease *sui generis*, of a catarrhal nature, marked by an extraordinary tendency to nervous prostration. The local symptoms consist in a congestion of the air passages, often accompanied by rheumatic pains and considerable derangement of the digestive functions,

Morbid Appearances.—The disease may be divided into,

1st. Its simplest form.

2d. The suffocating form.

3d. Those cases of influenza complicated with pneumonia.

In the first variety, the mucous membrane of the nares, larynx, and trachea, are in a simple state of congestion. In the second variety the inflammation has extended itself to all the bronchial tubes, and we find these tubes filled with a great quantity of mucous; the mucous membrane is of a uniform red color, slightly tumefied and softened; the lungs are gorged with blood, without softening of their tissue. The third variety is the most fatal. In these cases, in addition to the appearances of the mucous membrane of the bronchial tubes, we have the ordinary hepatization of the lungs, which exists in pneumonia, but what is very singular, the mucous membrane of the bronchia traversing the hepatised portions, is very frequently found covered with a thick false membrane. For these post mortem observations we are indebted to M. Nonat, of Paris, in an article inserted in vol. xiv. of the "Archives de Mèdicine," under the head of Grippe. The blood coagulates, but less firmly than in ordinary cases, and its consistence depends upon the inflammatory or adynamic character of the influenza.

Causes.—Though some authors consider the grippe contagious, we are disposed to attribute its propagation from one member of a family to another, from one section of country to another, rather to an infected state of the atmosphere, than to a direct contagion. It is this peculiar "constitution of the air," though unappreciable to our senses, which gives rise to cholera, yellow fever, typhus fever, dysentery, &c.

A great number of physicians have kept registers, with a view of ascertaining to what extent this influenza is influenced by the conditions of the atmosphere. Dr. Black, in a paper read before the British Association for the Advancement of Science, says, "contemporaneous with this lowest state of the atmospheric pressure, commenced the full and rapid invasion of the epidemic. As the disease advanced, the temperature fell for seven days, accompanied with rain and snow. The invasion of the epidemic was preceded by, and attended with easterly and southerly winds, while the air was much loaded with moisture." If other registers gave the same result, the conclusion would be easy; but unfortunately they do not. In France in 1830 the epidemic was preceded by very cold weather; whereas, at Geneva it was the reverse. The physicians in France think that the grippe prevails entirely independent of all meteorological changes of the air. Dr. Gluge, of Berlin, in a prize essay, states, that on comparing the registers at different places, it must be evident that the epidemic has prevailed every where, entirely uninfluenced by atmospheric changes. He adds, what is very curious, that prior to the eleventh century its course was from West to East, since then it has been from East to West. Mr. James P. Espy, in a letter to Dr. Hays, suggests that the epidemic influenza may have been caused by the extreme dryness of the air, rather than by its coldness; for that during the month of December, 1831, when the grippe prevailed, he found, "by unexceptionable experiments, that a man of ordinary size exhaled from his lungs every day about 839 grains more than he did each day on the preceding month." In the present epidemic, we see it commencing in the North and passing, without any regard to temperature, towards the South. It has been stated in the Boston papers, that as soon as the British steamers entered the port, the persons on board have become affected with the same epidemic that was prevailing in the city. The same thing has occurred to the "Independence" and "Union," which were stationed off New York during the prevalence of the grippe in that city.

With this want of satisfactory evidence as to the causes which give rise to this epidemic, we must conclude that a certain condition of the air, not appreciable by us, is absolutely necessary to its production. It is true that this explains nothing, but it is at least as intelligible as many of the received opinions as to the origin of other diseases. Intermittent and remittent fevers are said to be produced by malaria, but has any one ever told us what this malaria consists in? So with cholera. Has its origin ever been satisfactorily explained? Every epidemic, probably, has what Sydenham termed its peculiar "constitution of the atmosphere," but what this consists in, is a matter at present beyond our grasp. Sudden changes in the weather, during the prevalence of the influenza, would, it is reasonable to suppose, have some effect in rendering an attack more severe; but every day's experience proves to us that it is not the source of this peculiar epidemic.

Symptoms.—The disease is ushered in by great pain over the frontal sinuses, coryza, lachrymation, sore throat, heat and dryness in the fauces, cough dry at first, dyspnœa considerable, anorexia, loss of taste, tongue covered with brown fur, fever sometimes considerable, and great disturbance in the nervous system. Delirium occasionally exists. In some cases we have violent rheumatic pains in the limbs and back. The bowels are sometimes costive, with nausea, vomiting, &c., and in a case recorded by M. Recamier they were found considerably inflamed. Should the disease extend to the bronchia, or be complicated with bronchitis or pneumonia, we will have the rational and physical signs, indicating their presence—but in the simple form, where the phlogosis only extends to the trachea, all the sounds will be formed in a normal state.

Duration, &c.—The ordinary duration of simple grippe is from four to eight days, though it may be more, especially when complicated. Dr. Black, in a paper read before the British Association for the Advancement of Science, thinks that persons from twenty to fifty years of age are most susceptible to it—and this accords with Louis' opinion as to typhoid fever. All sexes are equally liable to it.

Treatment.—The treatment of the mild form of the disease is very simple. Diet, diaphoretics, and a gentle purgative are all that is necessary. In the severer forms, it will be necessary to cup, blister and bleed, but always bearing in mind the tendency to nervous prostration; and indeed, it is certain that bleeding very often fails to relieve the bronchitis or pneumonia. After the depletion has been sufficiently tried, stimulants may be necessary. We must always be guided by the condition of the patient, for no general rule can be laid down.

CLINICAL LECTURES AND REPORTS.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROFESSOR MITCHELL.

Dispensary of Jefferson Medical College, July 12, 1843.

(Reported by H. T. Child.)

LECTURE II.

Case I.—Julia McL——, æt 42. This case, gentlemen, is one of those difficult ones, which you will often meet with in practice; it is about the period of the "change of life" with her, and she has pains all over her system, she has head ache, she has a bad cough, &c. &c. You perceive she is of a melancholy temperament, (atra bilious of the ancients,) and her complaints are much more dependent upon mental than physical causes. You will find a disposition in such persons to magnify all the little ills that flesh is heir to—every pain is dwelt upon and thus increased—and as you know every one has a little pain, or headache, or some unpleasant sensation, which most persons pay little or no attention to, you see how easy it is for a person who is so disposed, to have a variety of complaints, for by dwelling upon these feelings others will arise, and the patient is harassed with a multitude of dreadful symptoms. Very often we find that those persons who become suddenly wealthy, in the fluctuations of mercantile business, are thus affected; for want of the accustomed exercise, they have little else to do but attend to their complaints, which are very generally increased by their diet and habits. This class affords the most profitable patients that a physician has; they will last him a life time very often. It is such persons as these that are so much benefitted by being sent to the fashionable watering places; and you will find that the advantage is in proportion to the amount of exercise they are compelled to take. The morning rambles and the evening entertainments at these places, prevent the indulgence of their idle habits, and the more difficulty they experience in getting to and from these places, the greater will be the advantage derived from such visits. The Sulphur Springs of Virginia afford these advantages; their distance, and the mountainous and hilly country which surround them make it a laborious task to visit them. An anecdote is related of Sydenham—he had a patient of this description under his care, and finding that his treatment was of little advantage, he determined to send his patient away from home. For this purpose he gave him a letter of introduction to a gentleman in Inverness, in the North of Scotland, who was to send him to a Dr. Robinson, of that place, and if the Doctor was not there he was to go immediately after him. He started off on horseback from London, and you may imagine the difficulties of such a journey in those days, when railroads and steamboats were not dreamed of. When he arrived at Inverness his friend informed him that Dr. Robinson was not there, but that he must go to Inverary, in the east of Scotland, to find him. Thus he travelled from place to place in search of Dr. Robinson, till at length he discovered that there was no such man in existence, that he was a creation of Dr. Sydenham's brain. By this time he had become very stout and well; he was determined to return immediately to London, and reek his vengeance on Sydenham. It is said that when he came into the presence of Sydenham, that although he was exceedingly angry, yet such was the benignity of the countenance of this great and good man—one of the greatest men that has ever adorned our profession—that he was restrained from violence, but he began to scold him. "Well," said the Doctor, "you went down to Inverness did you?" "Yes." "You went from there to Inverary, and you did not find Dr. Robinson?" "No! there is no such man, and you have deceived me." "Well, but how is your health?" "Oh! I am as well as ever I was." "Well," said the Doctor, "that is all I wanted. I have cured you, and you have learned this lesson, that if you would enjoy health you must take exercise with a motive."

It is necessary, in order to obtain the greatest advantage from exercise, that the mind should be interested. In this case the patient was determined to find Dr. Robinson, in hopes that he would cure him; when he discovered the deception he was so enraged that he lost no time in returning to London. We will give this woman small doses of ammonia sesqui carb. gr. ij. twice a day. If we could send her to the Virginia Springs, by the most difficult route, it would do her more good than any treatment here.

Case II.—Walter P——, æt. 33. Complains of pain in the left side, probably slight inflammation of the lung. His pulse is somewhat irregular. We will have him cupped over the seat of the pain, and give him pulvis ipecac. et. opii, gr. xvi. to night.

Case III.—Mary McK——, æt. 32. Has had pain in the head very often for six years. The attacks are frequently attended with a *sense* of fulness, vertigo, and other symptoms which might easily be mistaken for indications of plethora. This condition depends upon an undue developement of nervous excitability. The brain becomes so irritable that even less than the natural or healthy circulation causes a sense of oppression. This state of things is very apt to decieve a young practitioner, and he is disposed to resort to means to reduce the supposed fulness of blood. I was called, some years since, to see a butcher of this city, who had disease of the heart, attended with this kind of headache, for which he had been repeatedly bled, with an increase of the difficulty after each bleeding. Resort was had to a tonic plan of treatment, which soon relieved his head, though he died some time afterwards of organic disease of the heart.

Causes.—The predisposing cause is debility, which you know tends to increase the nervous excitability. The exciting cause in males, is most generally the influence of old carious teeth, and you will mostly find that when this sympathetic irritation exists, these teeth are seldom painful. Just as we see that when a person, with disease of the liver, has pain in the shoulder, he has none in the liver. I was called to see a young lady some time since who had been under treatment for periodical headache. She was of a highly nervous temperament, and had experienced no relief from the treatment of her physician. On examination I found several decayed teeth which were directed to be removed, and her headache was at once relieved. In females there is a powerful additional cause—the uterine system—in these cases you will generally find tenderness along some portion of the spine, when pressure is made there; these cases are more difficult to cure.

Treatment.—The removal of the cause, in the first instance alluded to, is generally sufficient. It may

sometimes be necessary to make use of tonics, to overcome the state which has been induced by the long continued action of the exciting cause, and which will sometimes continue when the cause has ceased to exist. Where the disease depends upon a uterine affection, the treatment is not so simple, and must vary according to the nature of that affection. A tonic plan will generally be required.

In the case before us there are no indications of this affection. I find, on examination, that there are a number of carious teeth in her mouth; if these are removed she will probably be relieved at once.

Case IV.—William D——, æt. 32. Has had chronic pain in the stomach, at intervals for sixteen years; has slight tenderness on pressure; never vomits; he finds it worse in summer. This is a neuralgic affection. I think it probable some of the ganglia in the neighbourhood of the stomach are affected.

This patient might be benefitted by what Dr. Chapman facetiously called the "Punchinello Treatment." A gentleman in New York, named Halstead, had an affection very similar to that which our patient has, and as he was walking home one day from his store, he made a misstep in passing a gutter and experienced a severe shock in the stomach; this gave him considerable pain at the time, but he found that he ate his dinner with less inconvenience than he had for a long time been able to do. Pleased with the result he undertook the cure of cases of this kind. At first he was disposed to conceal his mode of treatment; but it was soon made public. His plan of punching and kneading the abdomen was extremely ludicrous, and has given rise to numerous jests. Many persons were benefitted by it, some entirely cured; but as Halstead had no knowledge of the different forms of disease, and was disposed to apply his mode of treatment to all, it soon proved fatal to some cases, and was abandoned. We may draw a useful lesson from this.

A gentleman of this city was, for some years unable to digest his food unless he rode on horseback immediately after eating. One day in riding, his horse stumbled and threw him, and he fell with the region of his stomach upon a knoll of grass,—he found that his disease was cured by the shock.

In the Sandwich Islands they treat neuralgia by pressing, kneading, and pounding the parts. While I was in Canton some years ago, a vessel from these Islands was there, and being affected with nervous rheumatism of the arm and shoulder, the Sandwich Surgeon proposed to *champ foo* me; he commenced by gently pressing and tapping the affected part, this was gradually increased till his blows were severe; in less than an hour the pain was gone.

I find the effect of an emetic often answer a good purpose, perhaps mechanically and physiologically, and will prescribe for this patient an emetic of cupri sulphas, gr. v., pulv. ipecac. gr. xx.

Case V.—Boyd W——, æt. 26. Complains of pain in the breast, has a cough, and discharged (he thinks by emesis) a considerable amount of blood; says he is not of a consumptive family. On examination there appears to be some indication of an affection of the upper lobe of the left lung. He was directed to take nitric acid and an infusion of wild cherry bark, and to exercise in the country.

Case VI.—Mary E——, the 11th case of last week. Has discharged a large quantity of worms, which she says were about the thickness of a darning needle, and were knotted together in a ball, the size of a hen's egg; complains at present of a cough, for which she was directed to take brown mixture.

Note.—There were several cases of influenza at the clinic to-day. The weather being bad, fewer cases were present than usual.

BIBLIOGRAPHICAL NOTICES.

1. *Medical Clinic: Diseases of the Abdomen.* By G. Andral, Professor of the Faculty of Medicine of Paris, &c. &c. *Condensed and Translated, with Observations.* By D. Spillan, M. D., &c. &c. Philadelphia: Ed. Barrington & George D. Haswell. 1843. 8vo. pp. 420.

2. *Medical Clinic: Diseases of the Chest.* By G. Andral. *Condensed and Translated, with Observations.* By D. Spillan, M. D., &c. &c. Philadelphia: Edward Barrington & George D. Haswell. 1843. 8vo. pp. 408.

The classical work of Dr. Andral is too well known to need any encomium from us; our object in this place is simply to announce the republication of the English translation of Dr. Spillan. The work is now complete, and is placed within the reach of all physicians and students; and with none can they familiarize themselves with greater certainty of profit than the "Clinique Medicale." The cases are, in general, admirably reported, and in a style at happy variance with the one now the vogue in Paris. The perplexing amplification of the latter, with its wearisome repetitions and trite details, contrasts with the nervous and vigorous sketches of Dr. Andral, which present with felicitous consciseness, at a *coup d'œil*, all the important data of the case, and leave them impressed on the mind. The remarks, too, are the offspring of a philosophical as well as practical mind. We are never startled by the announcement of any absurdity, revolting to common sense, and opposed to all experience, for the sake of degrading the human mind to the capacity of a calculating machine.

Dr. Andral's advance to reputation has been as steady as it is assured. His position is not due to the uncertain and fitful enthusiasm of a few ardent young men, captivated by impracticable novelties. His fame is grounded on his known and tried abilities, his habits of industry and research, the fine philosophical cast of his mind, elucidating and *organizing* the difficulties of our science, and above all, for the truth and honesty of his character. And all this, too, is united to an unaffected diffidence, and a modesty of manner, as visible in the lecture room, where he is surrounded by one of the largest classes of the medical metropolis, as in productions of the closet.

The Physical Diagnosis of Diseases of the Lungs. By Walter Hayle Walshe, M. D., Professor of Pathological Anatomy in the University College, London; Physician to the Hospital for Consumption and Diseases of the Chest; Member of the Medical Society of Observation of Paris, &c. Philadelphia: Lea & Blanchard; 1843. royal 18mo. pp. 310.

This is a most admirable work. The whole subject

of the physical diagnosis, as applied to the diseases of the respiratory organs, is ably and clearly treated of. It is divided into three parts. In the first part we have a general description of the methods of physical diagnosis. The different sections treat of the various means, viz.: by inspection, application of the hand, mensuration, percussion, auscultation, succession, and determination of surrounding parts and organs. The second part consists of a table exhibiting the physical cause and ordinary seat of the different physical signs, together with the names of the diseases in which they are observed, with a synopsis of signs attending each affection of the lungs, larynx and pleura. The third part is a commentary upon the two preceding ones.

"By excluding from the descriptive portion any discussion upon debateable points, and in the tabular views by distinguishing with a different type the more striking phenomena from those less constantly useful and available in practice, I have, I trust, succeeded in adapting the book for beginners. The attention bestowed upon them in the commentary will, however, show that I do not undervalue delicate signs; far from this; I know, by experience, that in many instances, apparently trivial phenomena will justify a diagnosis that, without their aid, had been altogether unwarrantable." (Preface, p. viii.)

The purely practical character of the book has not been impaired by any disquisition on acoustics, or other similar digressions. All that is said is to the point, and is said well. This is the first elementary work in which all the methods of physical investigation receive their due share of attention; all others usually being absorbed in what the author not inaptly terms an "overweening attachment to auscultation."

In conclusion, we repeat what we said at the commencement of this article—that this is a most admirable work, complete in all respects, and should be in the hands of every student of medicine, and every young practitioner.

EFFECTS OF CLIMATE ON PHTHISIS.

At the Academy of Medicine, Paris, M. Rayer read a report on a memoir by M. Boudet on the effects of climate in cases of pulmonary consumption.

The author had asked the following question :—Is phthisis a rare disease in Algiers, and is it much more rare in marshy countries than in other localities?

A few remarks will serve to point out the importance of this question. In an interesting memoir, recently addressed to the Academy, M. C. Broussais showed that the proportion of deaths from phthisis to the general mortality in the African army was as 1 to 102; whereas, in the French army, the deaths from this disease form one-fifth of the general mortality.

But, it may be asked, is this very great difference apparent or real?—May we not explain the slight mortality from phthisis by the great mortality of certain other affections?—Are the inhabitants as free from this affection as the military? Does the law hold good for all parts of Algeria.

Numerous and important reports have been forwarded by the military surgeons attached to the African army, but they do not enable us to solve the above question in a complete manner. M. Boudin, one of the most distinguished military surgeons, thinks that the rare occurrence of phthisis in Africa is not a general fact, but is confined to the marshy border of the sea coast, where intermittent fevers and other malarious disorders prevail. Hence, M. Boudin, and those who adopt his opinion, say that two conditions should be attended to in the choice of a climate for the consumptive—viz., a mild temperature, and a marshy (but not insalubrious) soil.

The facts adduced by M. Boudin in support of this opinion are worthy of notice.

The climate of Hyeres has been long regarded as favourable to the consumptive, and it is known that the prevailing diseases of the place are those common to marshy situations.

Pisa, Parma, Rome, a residence in which is so generally recommended to the phthisical, are exposed to marsh miasmata, and subject to intermittent fevers. Dr. Herineu, who passed eight years in the Ionian Islands, informs us that the rarity of phthisis is in direct ratio to the frequency of intermittent fevers; and M. Roux, a distinguished military surgeon, affirms the same relative to our own soldiers on the shores of the Morea.

Broussais says that, in the neighbourbood of Cadiz, inflammation of the chest and tubercles are extremely rare, the prevailing diseases consisting of abdominal affections and intermittent fevers. Dr. Green, of New York, affirms that at Whitehall, near Washington, where marsh fevers abound, consumption does not exist amongst the inhabitants, and that the phthisical patients who resort there are greatly and permanently benefitted.

From these and various other considerations the reporters think it right to advise that a statistical investigation should be made relative to the frequence of phthisis in dry and marshy situations, both in France, the North of Europe, and Africa. M. Nepple has shown that phthisis is rare in the marshy country about Bresse. M. Schoenlein assures us that, in the delta of the Rhine, at Amsterdam, Rotterdam, and in all the lower parts of Holland, where ague is endemic, tubercular affections are rare, while they are frequent in the dry sandy localities about Bruxelles, &c.—*Prov. Med. Journ.*

STATISTICS OF TÆNIA.

Herr Wauruch, of Vienna, states that of 3864 persons treated in the space of twenty years at an hospital of that city, 206 were affected with tænia. Of these 206, 71 were males, and 135 females. The oldest individual affected was a man of fifty-four, and the youngest a girl of three years and a half old. Most were persons between fifteen and forty years of age. Tænia was not found in any woman after the cessation of the menses, and in only two men above fifty years years old. Persons most concerned with animal provisions were those observed to be chiefly attacked; for of the 206 patients, 1 was a man, and 52 were women cooks, several were butchers, and 11 were eaters of large quantities of meat. Among predisposing causes, the principal were a habitation in a damp neighbourhood, and the use of injured aliments, as bad bread, flour, potatoes, &c., but particularly bad mutton, pork, and water.—*Ibid, from Osser. Med. Jahrbuch.*

RETROSPECT OF THE MEDICAL SCIENCES.

CASE OF STRANGULATED INTESTINES, FROM ROTATION OF THE SIGMOID FLEXURE—WITH REMARKS.

BY JACOB BIGELOW, M. D.

The Hon. Hugh S. Legare, Attorney-General of the United States, arrived in Boston on Friday, June 16th, and although fatigued by a hasty journey from Washington, was well enough to make calls on some friends in the evening. At 1 o'clock in the night he was seized with frequent abdominal pains, resembling those of colic, and called Dr. Thomas, of Washington, then lodging in the same hotel, to his assistance. During the remainder of the night, and the whole of the next day and night, he was affected with pains alternating with intervals of ease, without constitutional disturbance, and agreeing in character with those of previous attacks to which he had been liable for more than two years, the last occurring in March preceding. Various laxatives and enemata were resorted to, togather with counter-irritants, but without removal of the constipation and pain.

Early on Sunday morning I was called to meet Dr. Thomas at Mr. L.'s lodgings at the Tremont House. I found him then suffering frequent paroxysms of pain, which he referred mostly to the lower abdomen, without distinction of side, but which sometimes mounted above the umbilicus. The pulse was at this time 60, the skin natural, with no tenderness on deep pressure of the abdomen in any part, no meteorism, no nausea. Opiates and other remedies were proposed to him, but declined, on the ground that laxatives and mechanical means had relieved his former attacks. During the morning two doses of Epsom salt, with infusion of senna and tincture of hyoscyamus were given, with frequent enemata both aqueous and stimulating, without effect. The pains did not increase, but a troublesome degree of tenesmus made it necessary to suspend the enemata. Elastic tubes were passed throughout the rectum, and water injected through them in the manner recommended by Dr. O'Beirne, but they could not be carried into the sigmoid flexure. His strength meanwhile remained good and his general condition stationary.

At 6 P. M. he was removed without difficulty to the house of a friend, where he was immediately put into a warm bath of 106 deg., from which he expressed great relief and satisfaction. He was then put to bed, and 60 drops of laudanum were administered in two doses. In about an hour, the relief not being perfect, 40 drops of Munn's elixir of opium were given, soon after which he fell into a quiet sleep, and so remained for about three hours. Conditional directions were given for repeating the opiate, but it was not found necessary till near morning, when he took 20 drops of the elixir and slept an hour or two more. On Monday morning at 5 o'clock I found him more comfortable than before, skin temperate, pulse 64, abdomen not tender but beginning to be tympanitic. Castor oil and senna, with hyoscyamus, were now given and retained, and enemata, fomentations and sinapisms were resumed as before. The pain did not return with the same severity as before, but meteorism rapidly increased, with restlessness and tenderness on pressure. At 9, A. M., the pulse was 80, and before 12 it was 100. The face of things having become very serious, Dr. Thomas being absent from the city, I requested farther consultation, and Dr. Warren was called in. The abdomen was freely leeched and rubbed with croton oil. Various ineffectual attempts were made to overcome the obstruction of the intestines by the introduction of various tubes, by inflation of the rectum with a bellows, and by the tobacco injection administered twice. Under this last remedy he said he felt excited, was stronger but more agitated, and his pulse rose from 130 to 140, with increased force. Each injection contained half a drachm in infusion, and was retained nearly half an hour without narcotism or prostration. During the night the patient was restless, retaining his muscular strength in a considerable degree, and frequently getting up to the close stool in the belief of an approaching evacuation. There was never any vomiting nor nausea; the mind was clear, and the natural decisive tone of voice continued. He complained occasionally of a sense of burning at the epigastrium and upper abdomen. About half an hour before death he got up without assistance, and on lying down asked urgently for water. On receiving it, he pushed it away, saying it was filled with ants. A white paper was then shown him, to which he applied the same remark. On being told it was an illusion of sight, he put forth his hand for the glass, but missed it, said a few words incoherently, leaned back, and expired quietly at half past 5.

Autopsy, seven hours after death.—Externally the limbs were very rigid, and there was much lividity about the head and back. The abdomen was greatly distended. On laying it open the cavity seemed nearly filled by the sigmoid flexure of the large intestine, which extended across the abdomen into the right hypochondrium, and was in a state of such distension, that its external circumference was in one place fifteen inches. It had a dusky green colour, as if from commencing gangrene, but there seemed to be no softening, nor diminution of the natural polish. The two extremities of the flexure connected with the colon above, and rectum below, were felt to be twisted together about the mesentery as an axis, into a firm cord or neck, about an inch in diameter; and on being carefully untwisted, the whole included portion was found to have made four turns, or two entire revolutions upon itself. There was no line of demarcation between the healthy and strangulated portions, nor was there any appearance externally of old disease about this part. The small intestine and the colon were moderately distended, but the rectum was rather contracted. The cavity of the peritoneum contained a small quantity of turbid reddish fluid, and in one place there was recent lymph upon the small intestine, but there were no other appearances of inflammation. Owing to the state of the body and the place of examination, the intestine was not opened, and no farther dissection made.

Remarks.—Internal strangulation, we have reason to believe, is a fatal disease, except in rare instances in which a spontaneous restoration of the parts may under favourable circumstances have taken place. But the resources of art are for the most part unavailing, from our ignorance at the time of the nature and place of the lesion, and from the inaccessible situation of the part, unless by a dangerous operation, not to be justified under any diagnosis which can be seasonably made out. Among the various causes known to have occasioned strangulation, the rotation or twisting of the intestine is less common than some others. Yet in addition to the case which has now been described, two others have occurred in this city,

under the observation of Drs. Homans and J. B. S. Jackson, the record of which I have seen, in which fatal strangulation occurred from the torsion or twisting of the sigmoid flexure.

Professor Rokitansky, of Vienna, in a work on internal strangulations of the intestines, divides these lesions into three species. Of these, the second species consists in the rotation of one part round an axis most commonly formed by some other part. It appears to be the result of his experience that rotation round the mesentery as an axis can happen only to the small intestine. But it appears from the case above detailed, and the two others above alluded to, that the large intestine is capable of undergoing this rotation, and from its anatomical position, no part seems more exposed to this change of situation than the sigmoid flexure.

From remarks made by Mr. Legare during his illness, it is believed that in some of his former attacks of colic and constipation, relief was obtained by the introduction of the elastic tube beyond the seat of the stricture. This happy result is to be ascribed to the spasmodic character of the obstruction then existing. But when the intestine is rendered impervious by mechanical strangulation, it is evident that an instrument would sooner perforate the coats of the canal, than admit of being forced through the closed and tortuous passage. In the present case, tubes, some of which were two feet in length, were introduced into the rectum, and water injected through them continually to facilitate their progress. But the more flexible tubes were bent into a coil in the rectum, and the more rigid ones were irrisistibly stopped at the sigmoid flexure, and could not be further forced without danger of perforating the intestine, an accident well known to have followed injudicious and violent efforts.—*Boston Med. and. Surg. Journ.*

Calumba root, in powder, has been found very serviceable in the removal of vomitings not dependent on any acute inflammation of the stomach and other viscera. In cases of spasmodic or other nervous irritation it is advantageously combined with an opiate. On the occurrence of acid risings with which persons of weak digestion are often troubled, magnesia is a suitable agent to combine with the calumba.—*London Lancet.*

CONCISE HISTORICAL SKETCH OF THE PROGRESS OF PHARMACY IN GREAT BRITAIN.

BY JACOB BELL.

Pharmacy was originally in the hands of the physicians, who prepared their medicines themselves, or superintended the preparation of them. The science of medicine was then but little understood, and was often confounded with witchcraft; in fact the Greek word φαρμαχεω signifies either to practise witchcraft or to use medicines.

The first act of parliament relating to the medical profession was passed in the year 1511; by this the faculty of medicine was vested in one body of practitioners who exercised medicine, surgery, and pharmacy. The physician's assistants were styled apothecaries, and these soon began to transact business on their own account.

In the year 1518 the College of Physicians was established. In 1540, their powers were increased, and they had the right of entering the houses of the apothecaries in London, examining the drugs, and destroying such as they deemed unfit for use. In the same year the barbers and surgeons were united into one company, but the surgeons were prohibited from shaving, and the barbers were restricted from performing surgical operations.

In 1695, the question was tried as to whether surgeons were entitled to administer medicines internally, when it was decided "that no surgeon, as a surgeon, might practise physic for any disease."

It is uncertain at what time the physicians gave up the practice of preparing their own medicines, but it appears that in 1617 the apothecaries obtained a charter constituting them a company by themselves wholly to be employed in the business of pharmacy. It was enacted at the same time that no grocer should keep an apothecary's shop, and that no surgeon should sell medicines.

The first Pharmacopœia was published by the College of Physicians in the year 1618. This was the first step towards the improvements which have since obtained in pharmacy. This was, however, a very imperfect production, the compounds chiefly employed being either empirical nostrums, or mixtures of great numbers of substances, without any reference to scientific principles. Thus the Mithris was a compound of seventy-two ingredients, and many others were equally as absurd.

Culpeper, in his translation of the Pharmacopœia, gives a list of the remedies derived from the animal kingdom, contained in the Pharmacopœia. The following will serve as a specimen, with Culpeper's remarks in parentheses.

"The fat, grease, or suet of a duck, goose, ell, bore, heron, thymallos, (*if you know where to get it,*) dog, capon, beaver, wild-cat, stork, hedge-hog, hen, man, lyon, hare, kite, or jack, (*if they have any fat I am persuaded 'tis worth twelvepence the grain,*) wolf, mouse of the mountain, (*if you can catch one,*) . . . . . album græcum, east and west bezoar, stone taken out of a man's bladder, viper's flesh, the brain of hares and sparrows, the rennet of a lamb, kid, hare, and a calf and horse too. (*They should have put the rennet of an ass to make medicine for their addle brains.*) The excrement of a goose, of a dog, of a goat, of pigeons, of a stone horse, of swallows, of men, of women, of mice," &c. &c.

But though Culpeper justly ridicules the College of Physicians for inserting such wretched trash, some of his own remedies are by no means first-rate; thus he says—"The head of a cole-black cat being burnt to ashes in a new pot, and some of the ashes blown into the eye every day, helps such as have a skin growing over their sight."

About this time chemists begin to be mentioned, as a class of men who prepared, for the use of the apothecaries, the "chemical medicines," or those of mineral origin, and which were subjected to fire.

In the year 1671, however, the Society of Apothecaries, which had continued to prosper, established a chemical laboratory, in addition to the dispensary; thus uniting in one establishment the preparation of chemicals and galenicals. This institution was at first on a small scale, but the superior quality of the articles supplied, soon led to an application on the part of others to participate the benefit. In a few years, consequently, from this time, the Company became a trading body, and supplied all customers.

In 1694, apothecaries were exempted from serving the offices of constables, scavengers, &c.; by this time they had increased so rapidly in numbers, as to have become a very influential body. By practising

medicine as well as pharmacy, they excited the jealousy of the physicians, between whom and the apothecaries a violent contest now rose; pamphlets were published on both sides, and the dispute ran high, till at last the physicians resolved to put down the apothecaries by establishing dispensaries, where they supplied medicines on reasonable terms, made up under their own superintendence.

The dispensaries prospered, but in process of time, the physicians becoming weary of the drudgery of the business, established the assistants whom they had employed and instructed at these places, as dispensing chemists on their own account; some of the apothecaries, finding the business profitable, adopted the same course, and from this we may date the origin of chemists and druggists.

In 1723, the College of Physicians were again empowered to visit the shops of apothecaries, and examine the drugs; this right, however, was not always exercised in a very impartial manner, nor indeed does it appear that the persons employed were always very competent.

Thus, an anecdote is related, that some of the examiners coming to an apothecary's shop, found a pot with *ung. album* written on it: the gentlemen got about the pot and examined it; each gave his opinion—one said it was hard, another that it did not smell enough of camphor, a third that it ought to be malaxed with some oil, while a fourth proposed treating it in a summary manner by throwing it out of doors. In the height of their dispute, the boy coming in, entreated them to stay their hands, assuring them that it was perfectly good, but only put into the wrong vessel. "What is it then?" said one of the learned. "Why, gentlemen," said the boy, "'tis white dog's ——."

In the Pharmacopœia of 1746, a great improvement had taken place over that which preceded it, many of the complicated and absurd formulæ were removed, and considerable progress had been made in the chemical part. The Mithridatum with its forty ingredients, and Theriaca Andromachi with about sixty, were still however allowed to remain.

The origin of the Botanic Garden at Chelsea is involved in some obscurity, but it is supposed to have been founded prior to the year 1673. In 1722, Sir Hans Sloane, who had purchased the manor, granted it on lease to the Society of Apothecaries, on condition that they should present annually to the Royal Society fifty distinct plants, till the collection amounted to 2000, and also that the garden should be appropriated to the purpose of cultivating plants, instructing students, and advancing science.

Towards the latter end of the last century, disputes having arisen between the chemists and apothecaries, the latter formed themselves into a Society under the title of the General Pharmaceutical Association of Great Britain, for the purpose of preventing chemists from vending pharmaceutical preparations, compounding physician's prescriptions, &c. The result of their exertions, however, was not so successful as was anticipated, and the Society shortly broke up without having effected much against the druggists, whom they had threatened to destroy.

For the remainder of the account of the differences between the apothecaries and chemists and druggists, we must refer to the pamphlet itself, in which our roaders will find much to instruct and amuse them.—*Medico-Chirurgical Review.*

PYELITIS.

Having in his former volumes disposed of the inflammations of the proper tissues of the kidneys themselves, M. Rayer proceeds in that now before us to examine the inflammatory affections of the structures more or less intimately connected with those organs. Inflammation of the pelvis and calices first engages his attention; and of this disease the author may be said (if it be allowable for a moment to adopt the usual but rather pompous phraseology of our neighbours under such circumstances) to have created the history. Pyelitis, the name proposed for the affection, (from πελυς, pelvis,) is in truth, in all that regards precise knowledge of its seat and anatomical characters, but more especially of its symptoms, essentially a novelty to the observer of renal disease. It was invariably confounded during life with actual nephritis, and is still so confounded by a majority of persons; while on the other hand it is not a little amusing to find certain writers, after having had their confusion of ideas on the subject cleared up by the lucid exposition of M. Rayer, suddenly discovering that this very pyelitis was among their oldest pathological acquaintances. That these writers, whose conscientiousness we by no means desire to gainsay, had seen cases of pyelitis before M. Rayer wrote is indubitable; but that they had acquired the power of distinguishing it from nephritis, that they had even suspected the existence of such a distinct and in many respects totally different affection, is what, until proof of the affirmative be produced, we conceive ourselves at liberty to doubt altogether.

Pathology and Diagnosis.—Pyelitis, occasionally occurring as an acute, is most commonly a chronic disease; and may be considered to be of various species according as the character of the inflammation and the nature of the causes producing it vary; thus we have the simple, calculous, blennorrhagic, gangrenous species, &c. The disease may implicate the entire of both pelvis, or part only of one; it may even be confined to one or both calices.

The anatomical characters of that *acute* form of the affection may be stated as follows: General or partial injection of the mucous membrane, accompanied occasionally with minute petechiæ, or effusions of blood sufficiently considerable to deserve the name of blood in the cavity of the pelvis or calices, are among the more remarkable appearances. In some cases partial deposits of whitish or grayish pseudo-membranous matter are found adheriug more or less closely to the surface, a circumstance of importance, as contributing to show that the tendency to formation of plastic exudation, though rarely brought into action on mucous surfaces, yet exists in them all. When the accumulation of this matter is sufficiently abundant to impress a special character on the inflammation, when this is in fact *pseudo-membranous*, the orifices either of the calices, pelvis, or ureter may be blocked up and effectually obstructed; this is the only circumstance under which such obstruction occurs in the acute disease, as thickening of the mucous membrane itself is generally of slight amount. When caused by retention of urine, acute pyelitis may be attended with dilatation of the pelvis and calices and flattening of the mammillæ. The urine in those cases is invariably mingled with pus, discoverable with the microscope when otherwise invisible. The other physical and chemical properties of the fluid vary with the species of pyelitis; it may contain urates, uric acid, phosphates, albumen, &c.

In *chronic* pyelitis, the most common colour of the mucous membrane is dull white; varied here and there with reddish or more frequently brownish injection; if the disease be of very old standing, grayish or slate-coloured patches are far from uncommon

appearances. The veins on the exterior of the kidney are sometime much enlarged, and so arranged as to form networks. The mucous membrane may have undergone thickening to such an amount as to entail contraction of the orifices of the calices, and even to cause an apparent conversion of those canals into fibrous tissue. We strongly doubt this conversion as described by M. Rayer, and apprehend that in such cases the mucous membrane has been originally destroyed by ulceration or otherwise, and exudation or plastic matter, thrown out on the new surface, hardened into the fibrous-like tissue he has figured. This is probably at least the most common case; there are others no doubt in which the exudation of similar matter *under* the mucous membrane leads to a like result as regards apparent thickening of the mucous membrane and obstruction of the channels for the passage of the urine.

A curious condition observed by M. Rayer in both forms of pyelitis, but in most rare cases, is an eruptive of transparent vesicles like the sudamina so common in the typhoid fever of Paris.

Ulcerations of various extent and depth add to the amount of organic change in many cases. They vary in size from a pin's head to that of a sixpence, or more, and may spread so deeply as to cause complete perforation of the pelvis and the establishment of fistula, communicating with the surrounding cellular membrane, the peritoneum, the duodenum, the large intestine, &c. It is important to remember that these perforations may occur quite independently of distension of the pelvis, although renal fistulæ do certainly occur most frequently as the final morbid change in cases of atrophy of the kidney, with distension of the pelvis into a huge multilocular cavity. These ulcerations, more especially when of moderate dimensions, are susceptible of cicatrization, and when so cured present precisely the anatomical varieties observed in healed ulcers of the stomach, and, we may add, of mucous membranes generally.

With the enormous tumours produced by distension of the pelvis with urine, pus, blood, &c., most persons are tolerably familiar, at least as regards the fact that tumours of this description, extending from Poupart's ligament below, to the upper limits of the abdomen above, and driving the liver or spleen upwards into the chest, are not very uncommon morbid appearances. The atrophy of the renal substances, which coadvances with the accumulation in the pelvis, until this is distended into a simple membranous sac, readily explains the error of the older observers, ascribing these changes all to ulceration and suppurative destruction of the kidney itself. There is an infinitely rarer species of atrophy of this organ, pointed out by M. Rayer, in which it retains its natural form, while gradually reduced to a less size than that of a new-born infant, the pelvic accumulation proceeding as in the ordinary cases.

Chronic pyelitis may be of cancerous or tuberculous origin. In the latter case M. Rayer, as Dr. Carswell had done previously, finds "tuberculous matter" adherent to the mucous surface. We shall not stop here, however strongly tempted, to argue the question of the absolutely tuberculous nature of this matter; for we could not give fair expression to our convictions on the subject, without entering into a disquisition upon the meaning of the word tubercle (or rather upon the nature of the matter of tubercle) in nowise compatible with the general subject now under consideration. We must venture, however, to question the justness of MM. Carswell and Rayer in terming this substance tuberculous, if by the word we are to understand matter of the same essential nature as the well known pulmonary product.—*Notice of Rayer's Treatise on Diseases of the Kidneys, in Brit. and For. Med. Rev.*

UNIQUE SPECIES OF HERNIA.

Death—Examination.

MM. Carteron and Saussier, of Troyes, report the case of a woman, the mother of fifteen children, and who had, for about twelve years, had a crural hernia of the left side, very little perceptible externally, and which was usually without difficulty kept from protrusion by a truss. One day, during an effort at stool, the hernia suddenly protruded. It was returned without difficulty by the patient; but after a few minutes a plucking sensation began to be felt in the left iliac fossa, which gradually extended to the umbilical region, increasing in intensity until violent colic was experienced. The woman was obliged to lie on her back, immoveable, and with the legs and thighs flexed; the temperature of the body was below the healthy average; pulse weak, and beating only from 45 to 50 per minute; the abdomen inflated; vomiting and various other symptoms were present, indicating the presence of a strangulated hernia. We may pass over the details of the treatment; it was unsuccessful, and the patient died in less than two days.

On opening the body, about two quarts of blood were found effused, half into the cavity of the peritoneum, and half into that of the small intestine (*celle de l'intestin grêle!*) The stomach (duodenum) and upper part of the jejunum contained a small quantity of air; the lower fifth of the small intestine and the large intestine were entirely empty. At the junction of the lower fifth with the rest of the small intestine, a mass of the ileum, eight inches in length, with a portion of mesentery, was found strangulated within a recent slit torn in the parietes of a herniary sac to be presently described. No perforation appeared in the intestine, nor was that portion of the mesentery engaged at all diseased.

The herniary sac, which extended from close to the uterus down to the crural arch, was attached at its extremity by firm bands to the thigh-joint (*racine de la cuisse.*) It opened above by an oval orifice, capable of admitting the forefinger, a little more than an inch from the commencement at the uterus of the round ligament. It accompanied this ligament to near the internal inguinal ring, and then left it to pass under the crural arch, where it terminated in a culde-sac, capable of admitting a small egg. At a little distance from its orifice was a slit larger than the orifice itself, and opening from a supplementary sac (*laquelle termine un infundibulum, un appendice veritable,*) a subdivision, as it would seem, of the sac which may thus be considered double. This appendix, or supplementary sac, was about one inch and a half in length by a like breadth, and free in the abdomen. Its form was conical, its larger end being appended to the principal sac. The parieties of both sacs were formed by the peritoneal fold forming the broad ligament of the uterus. It was in passing from the principal into the smaller sac, and across this through the newly-formed slit, that the mass of small intestine and mesentery had become constricted. The mesentery had become involved at a point so near to its attachments to the vertebral column that by the attempt to straighten the body during life a considerable strain was exercised on the larger sac,—pulled thus in one direction by its attachment to the thigh-joint, and in another by those to the spinal column.

The plucking sensations and pain had been accordingly felt by the patient especially on any attempt to straighten the thigh and leg of the affected side. The hernia had evidently become strangulated during the effort to pass the fæces above noticed, but though so short a period had elapsed between that occurrence and death, the parts involved had become so swollen that it was necessary to mutilate them to reduce the constriction.—*L'Experience.*

Sir Astley Cooper has recorded remarkable examples of both mesenteric and mesocolic hernia; but we are disposed to assent to the opinion of our French contemporaries that the above case, which they have named one of *hernia of the broad ligament*, is *sui generis*. It is obvious that in such a case surgical aid is of no avail.—*London Lancet.*

CASE OF TOTAL ABSENCE OF THE SPLEEN.

At Vienna in 1838, the body of an infant was examined which had lived only three days, plunged during the whole of that period in incessant sleep. It had consequently never sought the breast; the meconium and urine had, however, been passed. Only a rudiment existed of the left forearm and hand, and the flesh of the other extremities had a want of tone and firmness. The abdomen and thorax wers tumefied; but in most other respects the child presented little that was unusual in appearance, and the female genital organs were perfectly developed. But on opening the cavities the brain was found softened, and, together with its envelopes, gorged with blood, and a little fluid was present in the ventricles. The lungs were also gorged with blood, and a frothy secretion at their base; but the thoracic organs had a natural developement. The abnormal appearances were mostly in the abdomen. Here the liver was found to extend almost as far into the left as into the right hypochondrium; and to its anterior and inferior border the transverse colon was attached to its entire length. The liver was attached also to the mesocolon, but less intimately. The small intestine held its ordinary position. There was no stomach, unless a small sac, thirteen lines in length by about one-third as wide, and situated at the angle where the œsophagus joined the duodenum, could be so called. There was a pancreas about sixteen lines in length, by four and a half in breadth; but *the spleen was entirely wanting*, and the large intestine had neither *sacculi* nor *appendices epiploicæ*. For further particulars the reader is referred to "Muller's Archiv.," &c., for 1842, p. 59.

We have before had occasion to advert to the fallacies liable to attend the deductions drawn from experiments performed on *live* animals; and the above case affords a suitable opportunity for again remarking that facts furnished by comparative anatomy, together with accurate observations on the defective performance of the animal functions in monsters, are the most legitimate sources whence to derive our conclusions upon points in physiology at present either dark or disputed.—*Ibid.*

BLOOD CORPUSCLES AND SPERMATOZOA OF THE CAMELIDÆ.

After M. Mandle had discovered the elliptical form of the blood discs of the dromedary (*camelus dromedarius*) and paco (*auchenia paco,*) Mr. Gulliver found the same form* in the blood discs of the vicugna (*auchenia vicugna*) and llama (*auchenia glama.*) To complete the history of the blood discs of the camelidæ, it only remained therefore, to examine the red particles of the camel, (*camelus Bactrianus;*) and the following measurements of the blood discs of this animal are extracted from a paper by Mr. Gulliver, recently published in the Proceedings of the Zoological Society of London, part x, page 191:—

Long Diameter.	Short Diameter.
1-3555	1-6000
1-3000	1-8000
1-4000	1-4572
1-3123	1-5876

Hence the blood corpuscles of the Bactrian camel, like those of its congeners, are oval; and this form, we believe has not yet been found in the corpuscles of any other mammiferous animal. The circumstance is the more remarkable, since Mr. Gulliver's former observations* have shown that the blood discs of the marsupial mammalia have the circular figure common to the red particles of mammalia generally.

The above measurements are given in vulgar fractions of an English inch; and the numbers beneath the lines are averages estimated from the preceding observations.

Spermatozoa of the Camel.—At the meeting of the Zoological Society, April 11th, 1843, Mr. Gulliver read a description of the spermatozoa of the camel, agreeing with that which he formerly gave of the spermatozoa of the dromedary (Proc. Zool. Society, part x, 1842, p. 101)—viz., that they are of the same type as the corresponding animalcules of other mammalia. Although, therefore, there is a singular correspondence of form between the blood discs of the camelidæ and the blood discs of the oviparous vertebrate animals, there is no such resemblance in the spermatozoa.—*Prov. Med. Journ.*

SPERMATOZOA IN THE FLUID OF HYDROCELE.

In a communication made at the last meeting of the Medico-Chirurgical Society, by Mr. Lloyd, of St. Bartholomew's Hospital, the author stated that, in two cases of common hydrocele in which he microscopically examined the fluid withdrawn by tapping, he found numerous spermatozoa. The first case occurred in the early part of last winter. Subsequently to that, in the course of a few weeks, he examined the fluid in four other cases, but did not find any amalcules in them. Three months ago the second case occurred, the patient was sixty-three years of age, and had been previously operated upon for hydrocele about fifteen times. Sixteen ounces of a greenish-yellow fluid, so albuminous as to be quite adhesive, were drawn off. The author counted forty of these microscopical beings in one drop of the fluid. Some of the animalcules were observed to retain their power of motion for three hours after the fluid had been withdrawn. Blood globules, transparent cysts, and small granules, with portions of epithelium, or what much resembled it, were likewise found in the fluid. The authors had lately examined the fluid in other cases of hydrocele, but had not met with spermatozoa in any of them. *Ibid.*

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* See Appendix to Gerber's Anatomy, p. 10 and 43.

*See Dub. Med. Press, Nov. 27, 1839; and Wagner's Physiology, by Dr. Willis, part II, p. 234, *note.*